

AGENCY-RELATIVE GUARDIANSHIP DISCLOSURE

ONE COPY TO: Relative Caregiver
Child's Social Services Record
Child's Eligibility Record

NOTE: THIS DISCLOSURE MUST BE COMPLETED PRIOR TO ANY CHANGE IN CUSTODIAL STATUS OF RELATIVE FOSTER PARENT

NAME OF CHILD:		CAREGIVER'S NAME:
DATE PLACED WITH THIS RELATIVE:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:

Initial Here:

_____ I understand that I am not required to change custodial status from relative caregiver to legal guardian. However, if I decide to become a legal guardian, court dependency may be dismissed.

_____ I have been provided a Guardianship Pamphlet.

1. ☐ **AFDC-Foster Care to Kin-GAP**
Initial Here:

_____ I understand that by becoming a relative legal guardian of _____:

- The child's payment will change from \$_____ to \$_____ per month.
- The child will no longer be eligible to receive an AFDC-Foster Care payment.
- The child will no longer be eligible to receive a clothing allowance or a specialized care increment.
- Once the child reaches age 18, the child must apply for Medi-Cal benefits in order to receive Medi-Cal to age 21.

☐ N/A

2. ☐ **AFDC-FC to CalWORKs**
Initial Here:

_____ I understand that by becoming a relative legal guardian of _____:

- The child's payment will change from \$_____ to \$_____ per month.
- The child will not receive an AFDC-Foster Care payment.
- The child will not receive a clothing allowance or a specialized care increment.

☐ N/A

3. ☐ **CalWORKs to Kin-GAP**
Initial Here:

_____ I understand that by becoming a relative legal guardian of _____:

- The child's payment will change from \$_____ to \$_____ per month.
- The child cannot get both CalWORKs and Kin-GAP payments.
- The child will no longer be eligible to receive Cal-Learn benefits.
- The child will no longer be eligible to receive child care services.

☐ N/A

4. ☐ **Remain CalWORKs**
Initial Here:

_____ I understand that by becoming a relative legal guardian of _____:

- The child will not receive an AFDC-Foster Care or Kin-GAP payment.
- The child will remain eligible to CalWORKs.

☐ N/A

Services

If you become guardian of this child and the court dependency is terminated:

Initial Here:

_____ I understand that the child and I will no longer be assigned a social worker;
_____ I understand that the child and I will no longer be required to go to court;
_____ I understand that the child will no longer have a court appointed attorney;
_____ I understand that I am not prevented from adopting this child at any time in the future;
_____ I understand that I may still contact the county if I need assistance at _____;
_____ Other: _____

Some Important Kin-GAP Information

These are some of the important things you should know about Kin-GAP:

Initial Here:

_____ I understand the child's Kin-GAP payment will be stopped:

- * If the child or I move out of state;
- * If a child who is 16 years or older fails to meet school attendance requirements.

_____ I understand that I will be required to complete an annual review of the child's circumstances with the county and to report within 5 days any changes which may affect the child's eligibility for the program.

_____ I understand that if I move to another county, the child's rate may change.

I have read the above and understand all of the permanency options that are available to me (adoption, legal guardianship, long-term foster care). After considering all the options, I have voluntarily chosen legal guardianship with the associated payment noted above.

I have chose option # 1 2 3 4 *(Circle one)*

SIGNATURE OF SOCIAL WORKER:



TITLE/AGENCY:

ADDRESS:

TELEPHONE NUMBER

()

DATE:

SIGNATURE OF RELATIVE LEGAL GUARDIAN:



ADDRESS:

TELEPHONE NUMBER

()

DATE:

RELEASE OF INFORMATION

You and any member of your family for whom you are applying for aid must give us a Social Security Number(s) (SSN). The SSN(s) are needed to determine your eligibility. Failure to cooperate may result in denial or discontinuance of aid. Authority: **Welfare and Institutions Code, Section 11268.**